



TOWN OF EAST HAMPTON

Town Clerk's Office

159 Pantigo Road, East Hampton, NY 11937

Phone: 631-324-4142

APPLICATION FOR PARADE ASSEMBLY

Pursuant to East Hampton Town Code Chapter 151

Please note: Applications for permits for assemblies of 50 to 100 persons shall be submitted at least 15 business days prior to the event. Applications for permits for assemblies of more than 100 but less than 250 persons shall be submitted at least 30 days prior to the event. Applications for permits for assemblies of 250 persons or more shall be submitted at least 60 days prior to the event.

I. APPLICANT INFORMATION

1. Personal Information:

Name: _____
Last First MI

Applicant Mailing Address: _____

Applicant Telephone No.: (____) _____ E-Mail: _____

Applicant is a professional fundraiser (As defined in New York State Executive Law §171-a): ☐ Yes ☐ No

Proof of Identity: Applicant must provide proof of identity at the time of application with either a valid NYS Driver License or other official Photo ID. A photocopy of such proof will become part of the application and the application will not be deemed complete without it.

2. Business Entity: An individual applicant must always be named and identified above; however, if application is being made on behalf of a business entity, the following questions must also be completed. If the application is not being made on behalf of a business entity, please skip to the next question.

Applicant Relationship to Business Entity: _____

Current Business Entity Name: _____

Type of Business Entity: ☐ Sole Proprietor ☐ Partnership ☐ Corporation/LLC Other: _____

Nonprofit Organization: ☐ Yes 501(c) ____ ☐ No

Business Entity Mailing Address: _____

Partner Names (if applicable): _____

Corporate Service of Process Address (if applicable): _____

Corporation/LLC (New York) Department of State ID# (if applicable): _____

3. **Sponsoring Organization:** If there is a sponsoring organization, please answer the following questions. If not, please skip to the next question. *Sponsoring organization must be a valid charitable organization.*

Applicant Relationship to Sponsoring Organization: _____

Name of Sponsoring Organization: _____

Address of Sponsoring Organization: _____

Sponsoring Organization Telephone No.: (____) _____

Nonprofit Organization: ☐ Yes 501(c) _____ ☐ No

4. **Designated Agent:** Pursuant to EHTC §151-7.2, applicant is required to provide information for a Designated Agent – a person, residing within the County of Suffolk, who is designated by an applicant for an assembly to accept service of process from the Town of East Hampton for any violation of this Chapter or any other chapter set forth in the EHTC which relates to or arises out of the assembly.

Designated Agent Name: _____

Designated Agent Mailing Address: _____

Designated Agent Phone No.: (____) _____

II. **EVENT DETAILS**

1. **Description and Purpose of Gathering:** _____
(Include Name that will be given to Event)

2. **Location of Gathering:** Pursuant to EHTC §151-4d, this application is specific to an assembly permit for a “parade”, an assembly which involves a walk, run, march, or similar assembly (including but not limited to a marathon or bicycle race) regardless of whether any fee or donation is charged or required, as a condition of participation in or attendance at, where the activity occurs on any Town highway, public street, right of way, sidewalk, or in any other public place rather than on a specific property, and which can or is likely to disrupt or interfere with normal traffic patterns, regulations, or controls, as determined by Chief of Police.

Street Address: _____

Tax Map Number: _____

Parade Route: _____

*****APPLICANT MUST ATTACH A SURVEY OR SKETCH MAP OF THE PARADE ROUTE TO THIS APPLICATION. THE SURVEY OR SKETCH MAP WILL BECOME PART OF THE APPLICATION, AND THE APPLICATION WILL NOT BE DEEMED COMPLETE WITHOUT IT.***

*****Please attach an outline or sketch map of the proposed event and a sketch plan depicting the proposed location(s) for parking, outdoor areas proposed to be used, and the location of any tent(s) and additional sanitary facilities to this application.***

3. **Property Owner:**

When the applicant is not the property owner, written consent of the actual property owner is required either by completing the owner consent section at the end of this application or by providing a notarized letter from the owner separately. When an assembly is held on property owned by the Town of East Hampton, the Permit and/or Resolution will stand as the written consent of the property owner.

Property Owner Name(s): _____

Property Owner Mailing Address: _____

Property Owner Phone Number: (_____) _____

4. **Date, Time, and Scope:**

Pursuant to EHTC §151-8, Assemblies may take place over a period of more than one day. All days shall be clearly set forth, and the Town Board shall have the right to approve some dates and deny others.

DATE mm/dd/yr	START TIME Indicate AM/PM	END TIME Indicate AM/PM	# OF PEOPLE EXPECTED Include workers & staff	# OF VEHICLES EXPECTED	
				ON PROPERTY	ON STREET (Public or Private)

*****Please Note: If off-site parking is proposed, the location of such parking area(s) in the form of a survey or sketch AND the traffic management plan for the parking of vehicles and transportation of cars or guests to and from the assembly site must be attached to this application.***

5. **Miscellaneous:**

A. **General Liability Insurance:**

For assemblies of fewer than 100 persons, an Insurance Policy in the amount of \$500,000 liability/ \$250,000 property damage, naming the Town of East Hampton as an additional insured, the Name, Date, and Location of the event, *must* be provided in the form of a Certificate.

For assemblies of 100 persons or more, an Insurance Policy in the amount of \$2,000,000 liability/\$250,000 property damage, naming the Town of East Hampton as an additional insured, the Name, Date, and Location of the event, *must* be provided in the form of a Certificate.

B. **Tents:** *If a tent is proposed, the size and placement of the tent on the premises must be attached to this application.*

*****Please note: The installation of tents, other than those necessary for food service under Suffolk County Dept of Health Services Regulations, shall not be permitted on any beach within the jurisdiction of the Town of EH. In addition, no structures shall be permitted unless expressly approved by the Town Board and/or the Town Trustees.***

☐ Yes, tents will be utilized at the proposed assembly/assemblies, and it is understood that in addition to this application, separate tent permits must also be obtained. No Permit will be issued without the submission of a Tent Permit Application to the Fire Marshal's Office.

☐ No, there will be no tents utilized at the proposed assembly/assemblies.

C. Music: All EHTC provisions regarding noise and music must be adhered to as a condition of any assembly permit issued as a result of this application. The issuance of an assembly permit does not allow for deviation from the Town's established regulations for noise.

****Please note: Assemblies that include amplified music shall not be permitted on any beach.**

☐ Yes, outdoor music will be provided in the following manner(s):

*Time & Duration of Music: _____

*Outdoor Loudspeakers will be utilized at event: ☐ Yes: Location and Purpose: _____

☐ No

☐ No, there will be no music or loudspeakers provided at the proposed assembly/assemblies.

D. Lighting: If any additional outdoor lighting is proposed for the assembly, please complete the following:

Description of Proposed Outdoor Lighting: _____

Location of Proposed Outdoor Lighting: _____
(Attach map if necessary)

E. Details for Refuse Removal and Provisions for Sanitation Facilities: Specify plan for refuse removal and sanitation facilities. If additional sanitation facilities are proposed, specify what is proposed and where the same will be located.
(Attach map if necessary)

F. Admission Charge: ☐ Yes ☐ No

G. Sales: ☐ None

☐ Goods & Services (describe) _____

☐ Food & Drink (describe) _____

☐ Other (describe) _____

H. Food Service: If there will be an outside vendor/ caterer at the event, please provide name and address of vendor/ caterer. Suffolk County Department of Health Services permits may be required.

I. Security/Traffic Control: If security and/or traffic control are to be provided, please provide the following information:

Name of Security Co.: _____ Contact Person: _____

Phone No.: (_____) _____

Name of Traffic Control Co.: _____ Contact Person: _____

Phone No.: (_____) _____

****Please attach the proposed security plan to this application.**

J. Medical/ Emergency: *Please provide the proposed medical and emergency plans, along with personnel:
Attach medical/emergency plan to application. This plan will become part of the application, and the application will not be deemed complete without it.*

K. Alcohol to be served at Assembly/Assemblies: ☐ Yes ☐ No
A special event license from the State Liquor Authority may be required.

L. Responsible Party: *Please provide the name and phone number of a responsible party who will be available to Town officials at the time of the event.*

Name: _____ Phone No.: (____) _____

III. APPLICANT ACKNOWLEDGEMENT

I HAVE ANSWERED THE FOREGOING QUESTIONS TO THE BEST OF MY KNOWLEDGE AND BELIEVE AND SWEAR THAT THE ANSWERS CONTAINED IN THIS APPLICATION ARE TRUE AND ACCURATE.

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO ENSURE THAT PATRONS, LICENSEES, AND/OR INVITEES OF THE ASSEMBLY, OR THOSE ENGAGED IN CONDUCTING THE SAME, DO NOT TRESPASS UPON ANY ADJOINING PROPERTY OR PREMISES.

I ACKNOWLEDGE THAT CHAPTER 151 OF THE EAST HAMPTON TOWN CODE, ENTITLED "PUBLIC ASSEMBLIES.", IS THE CONTROLLING LEGISLATION FOR THE REGULATION OF ASSEMBLIES IN THE TOWN OF EAST HAMPTON, AND THAT THE ISSUANCE OF A PERMIT PURSUANT TO THIS APPLICATION REQUIRES COMPLIANCE WITH ALL PROVISIONS AND REGULATIONS WITHIN.

I FURTHER ACKNOWLEDGE THAT THE ISSUANCE OF A PERMIT PURSUANT TO THIS APPLICATION IS NOT A WAIVER FOR ANY ACTIVITY PROHIBITED BY LAW, AND AS A CONDITION OF ANY PERMIT ISSUED, COMPLIANCE WITH ALL PROVISIONS OF THE EAST HAMPTON TOWN CODE, AS WELL AS APPLICABLE STATE AND FEDERAL LAW, IS REQUIRED.

I HEREBY CONSENT TO THE INSPECTION OF THE PREMISES BY A POLICE OFFICER OR OTHER ENFORCEMENT OFFICER, UPON REQUEST, FOR THE PURPOSE OF ENSURING THAT THE TERMS AND CONDITIONS OF THE PERMIT ARE MET.

I ALSO HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS THE TOWN OF EAST HAMPTON, ITS OFFICIALS, EMPLOYEES, AGENTS, AND OTHER PERSONS FROM AND AGAINST ALL CLAIMS, COSTS, JUDGMENTS, LIENS, ENCUMBRANCES, AND EXPENSES, INCLUDING REASONABLE ATTORNEY FEES ARISING OUT OF THE ACTS OR OMISSIONS OR NEGLIGENCE OF THE APPLICANT, ITS AGENTS, EMPLOYEES, OR SUB-CONTRACTORS, IN CONNECTION WITH THIS APPLICATION AND ANY PERMIT OR GATHERING RELATED TO THIS APPLICATION.

A FALSE STATEMENT MADE HEREIN IS PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK.

SIGNATURE OF APPLICANT

DATE SIGNED

SWORN TO BEFORE ME THIS _____ DAY OF _____, 20 ____.

NOTARY PUBLIC

Official Use Only:

Date approved/Denied:

Permit No.

Town Board Resolution No.

☐ Approved by Town Board Designee/ Designee Signature: _____